

Evaluation



School: _____

Grade: _____

Town: _____

Did your class visit Lincoln Boyhood National Memorial? (Circle one)

Yes No

If yes, please complete page 2 of this evaluation. If no, only complete page 1.

1. Were the instructions and background information clear and easy to understand?

Yes No

2. Which activities did you use? Which activities were most useful? _____

3. Were the activities appropriate to the grade level?

Yes No

4. What parts of the packet did you find most useful? Least useful? _____

5. What suggestions would you recommend to improve this packet? _____

Additional Comments:

If you visited Lincoln Boyhood National Memorial and participated in a program, please take a few moments to answer the following questions.

Date of visit: _____

Programs Attended: (Check all that apply)

Tour of Memorial Visitor Center _____

Movie, *Forging Greatness - Lincoln In Indiana* _____

Lincoln Living Historical Farm _____

Ranger's name (if known): _____

How would you rate the following?

	Excellent	Good	Average	Poor
Friendliness of Ranger				
Quality of Program				
Length of Program				
Level of Presentation				
Relevance				

Please return to:

Superintendent
Lincoln Boyhood National Memorial
P.O. Box 1816
Lincoln City, IN 47552